



MONTANA DEPARTMENT OF CORRECTIONS ADMINISTRATIVE POLICY

Policy No.: DOC 1.3.51	Subject: CELLULAR TELEPHONE USAGE
Chapter 1: ADMINISTRATION AND MANAGEMENT	Page 1 of 2 and Attachment
Section 3: Personnel	Revision Date: 07/05/01; 10/18/05
Signature: /s/ Bill Slaughter, Director	Effective Date: August 1, 2000

I. POLICY:

It is the policy of the Department of Corrections to obtain cellular telephone service for duly authorized personnel as an additional or alternate means of communication.

II. APPLICABILITY:

All Department divisions, facilities and programs.

III. AUTHORITY:

2-15-112, MCA
ARM 2.6.210

Duties and Powers of Department Heads
Cell Phone Use

IV. DEFINITIONS:

Cellular Manager – The individual within the Fiscal Bureau assigned to manage the issuance of cellular telephones and the efficient use of minutes and cellular plans.

Cellular Telephone Request and Authorization Form – A document that must be completed by the employee requesting a cellular telephone.

Facility Administrator – The official, regardless of local title (administrator, warden, superintendent), ultimately responsible for the facility or program operation and management.

V. PROCEDURES:

A. Acquisition Requirements

1. Employees requesting a cellular telephone must complete the Cellular Telephone Request and Authorization form and submit it to the facility administrator or appropriate supervisor for approval (see Attachment).
2. Cellular telephones will not be issued without prior approval of the request form.
3. If the request is approved, the form must be forwarded to the cellular manager for appropriate processing.

B. Use Requirements

1. Cellular telephones are provided in order to conduct state business.

Policy No.: DOC 1.3.51	Chapter 1: Administration and Management	Page 2 of 3
Subject: CELLULAR TELEPHONE USAGE		

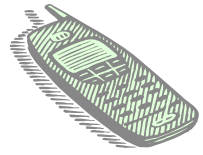
2. Employees will use cellular telephones only when other more conventional and cost effective means of communication are not available. Employees will keep conversations to a minimum and use a landline telephone when at all possible.
3. In addition to state business, cellular telephones may be used to contact children, teachers, doctors, daycare centers, babysitters, and family members to inform them of unexpected schedule changes and other essential personal business. The use of cellular telephones for essential personal business must be kept to a minimum and must not interfere with the conduct of state business.
4. While conducting Department business outside the State of Montana, employees will appropriately manage use of their cellular phones to assist the Department in controlling the high costs of cellular long distance and roaming fees.
5. Employees must notify the cellular manager and appropriate management, in writing, in the event of loss, theft, transfer, or reassignment of cellular telephones
6. Use of cellular telephones inside secure areas of Department facilities is restricted.
7. Use of cellular telephones when operating a vehicle while on state business will be restricted in accordance with ARM 2.6.210, “(1) State employees shall drive in a careful and prudent manner so as not to unduly or unreasonably endanger the life, limb, property, or rights of a person entitled to use a street or highway. (2) State employees are strongly encouraged not to use handheld cell phones or other handheld electronic communications devices or objects while operating state vehicles or personal vehicles on state business. Exceptions to this rule are law enforcement and emergency response personnel. (History: 2-17-424, MCA; IMP, 2-9-201, 2-9-305, and 2-17-424, MCA; NEW, 2001 MAR p. 2013, Eff.10/12/01.)
8. Failure to comply with the provisions outlined in this policy may result in corrective or disciplinary action up to, and including, termination.

VI. CLOSING:

Questions concerning this policy should be directed to the employee’s immediate supervisor or the cellular manager.

Attachment

Cellular Telephone Request and Authorization



Cellular Telephone Request and Authorization

Date: _____

Authorization signature: _____

Facility administrator or appropriate supervisor

Justification of Cellular Telephone: _____

I have read the DOC Cellular Telephone policy 1.3.51 and agree to all terms and conditions:

Signature of Cellular user: _____

Cellular User Name: _____

Division/Facility: _____

Responsibility Center: _____

Ship phone to:

Office Telephone number: _____

Name: _____

Address: _____

City, State, Zip: _____

-----Central office use only-----

Cellular Telephone Number: _____

Activation date: _____

Telephone model: _____

ESN: _____

Plan/Minutes: _____

DOC Owned/Leased: _____